									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000								D PF-0334-2DIV					
CLAIMS AS FILED - PART I								SMALL	FN	UTITY		OTHER	THAN
		·	(Column 1)		(Column 2)			TYPE _		<u> </u>	OR	SMALL ENTITY	
TOTAL CLAIMS			/8					RATE	Ξ ]	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/8 minus 20=		. 0			X\$ 9=			OR	X\$18⊭	
INDEPENDENT CLAIMS			/ minus 3 =		<u> </u>	ь		X40=			OR	X80=	
MULTIPLE DEPENDENT CLAIM PI			RESENT				+135:				OR	+270=	
* If the difference in column 1 is			less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	710.0	
// CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN	
4	27 /04	Larinda attack	(Colur				SMAL	L E	NTITY	OR	SMALL	ENTITY	
AMENDMENT A	M. X.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	2	20	=		X\$ 9=			OR	X\$182	
	Independent	NTATION OF M	Minus	(3	3	-		X40=			OR	X80=	
\ \	PINST PRESE	INTATION OF ME	JUIPLE DEF	SUDEMI	CLAIM		Ī	+135=			OR	+270=	
						L	TOTA	- 1	7	OR	TOTAL ADDIT, FEE	/	
4	1.30.4 (Column 1) (Column 2) (Column 3)							100H.FE				ADDIT: FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		PLATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 17	Minus	-2	0	=		x\$ 94			OR	X\$18=	
	Independent	· 3	Minus	Z	3			X40=	A		OR	X80=	
11,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM []							+135=			OR	+270=	
•							A	TÖTA ODIT FE			OR	TOTAL ADDIT. FEE	
	•	(Column 1)	·····	(Colun		(Column 3)				`			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=	1		OR	X\$18=	
	Independent	•	Minus	***		=	r	X40=	十			X80≖	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁		OR		
٠,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE  ADDIT FEE													
		mber Previously Paid ber Previously Paid					lour	nd in the a	аррг	opriate box	in colu	umn 1.	